



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	09/264,501-Conf. #3217
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 8, 1999
		First Named Inventor	Roger Panicacci
		Examiner Name	D. Wu
		Art Unit	2697
TOTAL AMOUNT OF PAYMENT (\$)		130.00	Attorney Docket No. M4065.0842/P842
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		MAR 31 2004 Technology Center 2600	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity Fee Code (\$)	
FEE CALCULATION		Small Entity Fee Code (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Fee Code (\$)		Fee Paid	
Small Entity Fee Code (\$)			
Fee Description			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims <input type="text"/> -20** = <input type="text"/> x <input type="text"/> = <input type="text"/>			
Independent Claims <input type="text"/> -3** = <input type="text"/> x <input type="text"/> = <input type="text"/>			
Multiple Dependent <input type="text"/> = <input type="text"/>			
Large Entity Fee Code (\$)		Fee Description	
Small Entity Fee Code (\$)			
Fee Description			
Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371	
Signature		Telephone (202) 828-2232	
		Date March 26, 2004	